

# ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original)

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \* 118

Place of Birth Miami County Arizona No. Canon Joseph Springs  
(Registration District)

SEX OF CHILD*	Twin	and	Number
<u>Female</u>	Triplet		in order
	or other?		of birth

I HEREBY CERTIFY that the child described herein  
has been named

DATE OF BIRTH February 7-1, 1929  
(Month) (Day) (Year)

Maria Consuelo Jimmenez  
(Give name in full) (Surname)

FULL NAME*	FATHER
<u>Eustolio Jimmenez</u>	
FULL MAIDEN NAME*	MOTHER
<u>Carlotta Garcia</u>	

Eustolio Jimmenez  
(Parent's Signature)

Dr. Croon  
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 10-1-43-S.P.Co.

419-201-371